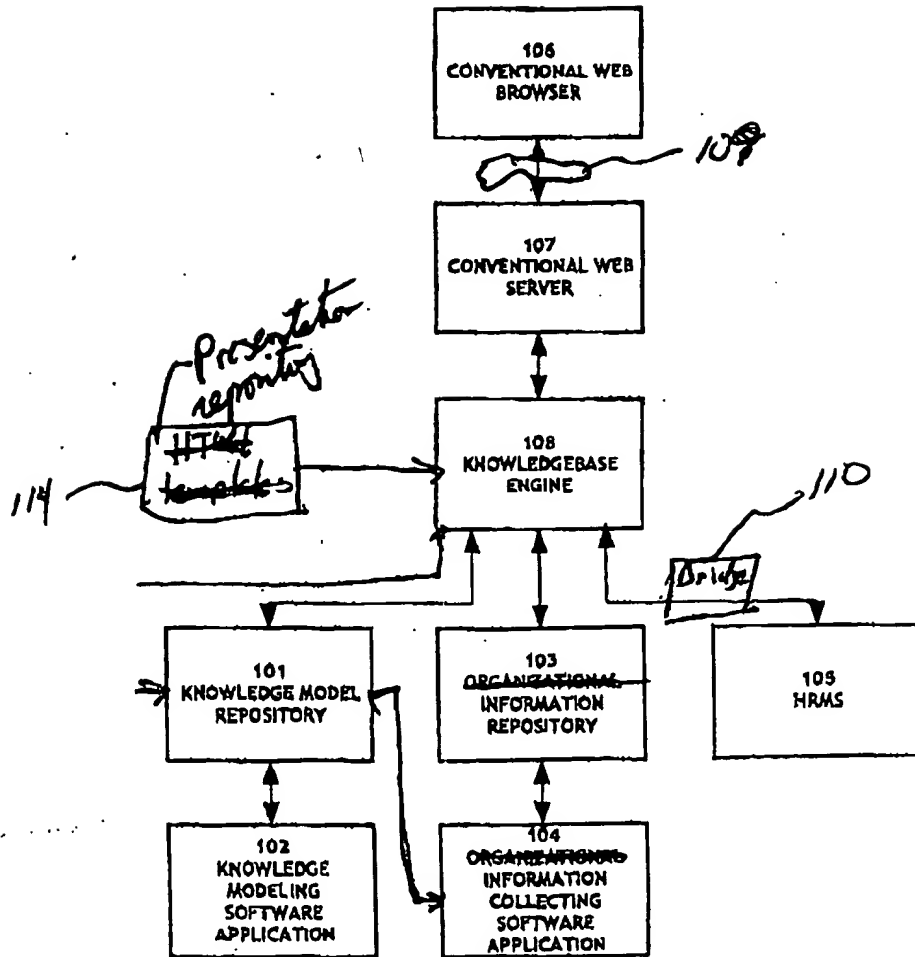Figure 1

Figure 2

**Comparing Medical Plans - Microsoft Internet Explorer**

File  Edit  View  Go  Favorites  Help

# Comparing Medical Plans for Next Year

| Company Home | Search | Human Resources | Personal |

In the first row, choose the plans you want to compare. Then select the plan features in the first column.

| | Your current plan - HMO Blue | HMO Blue, next year's features | Scrimshaw Catastrophic Medical |
|---|---|---|---|
| Overview | This is an HMO. Under this plan you choose a primary care physician who will manage your care and refer you to specialists in the network. Most covered expenses are paid at $15. Except in an emergency, you do not receive benefits if you received care outside of the network. | This is an HMO. Under this plan you choose a primary care physician who will manage your care and refer you to specialists in the network. Most covered expenses are paid at $20. Except in an emergency, you do not receive benefits if you received care outside of the network. | This is an indemnity plan. Under this plan, most expenses are paid at 80% after you have met the annual deductible of $200. |
| Monthly cost | $150 for individual coverage, pre-tax $215 for family coverage, pre-tax | $158 for individual coverage, pre-tax $227 for family coverage, pre-tax | $123 for individual coverage, pre-tax $194 for family coverage, pre-tax |
| Doctors | You choose a primary care physician from a provider directory list. Your primary care physician must refer you to other doctors. | You choose a primary care physician from a provider directory list. Your primary care physician must refer you to other doctors. | You can use any doctor or specialist you wish. |
| Office visits | All office visits to your primary care phyician or any specialist cost $15. You pay the doctor at the time of your visit. | All office visits to your primary care phyician or any specialist cost $20. You pay the doctor at the time of your visit. | You pay the doctor the full amount for care given. Then you fill out a claim form and send it in for reimbursement of up to 80%. |
| Prescriptions | All brand name drugs cost $15, generics $10. | All brand name drugs cost $20, generics $10. There is a monthly limit on certain drugs. | You pay the full cost of the drugs, then submit a claim for for up to 80% reimbursement. |
| Claims | This is a Health Maintenance Organization (HMO) so payments are made to your provider directly. | This is a Health Maintenance Organization (HMO) so payments are made to your provider directly. | You can obtain a claim form from the HR department. Read and follow the instructions. Be sure to file a separate claim form for each member of your family and indicate if you want the payment to go to the provider or you. Make copies of all itemized bills, and attach copies to the claim form. Mail the completed claim form to the address on the form. |
| Hospital | All hospital costs covered at 100% after a $150 copay. All non-emergency procedures must be pre-approved. If you stay overnight, a semi-private room is covered. | All hospital costs covered at 100% after a $150 copay. All non-emergency procedures must be pre-approved. If you stay overnight, a semi-private room is covered. | Hospital costs are covered at 80%. If your portion of these expenses exceeds $1,000 in a calendar year, additional costs are then covered at 100%. |

My Computer

Figure 3

Figure 3

| Medical knowledge block name | Medical knowledge block contents |
|---|---|
| Overview | **IF Type_of_medical_plan CONTAINS POS THEN**<br>This is a POS, or point of service plan, which has two levels of coverage:<br><br>This plan pays higher benefits when you receive care from your **Primary_care_physician_name** and when your **Primary_care_physician_name** refers you to a hospital or **JUMP** specialist **>> MED11A05 ENDJUMP** in the network.<br><br>This plan pays lower benefits when you receive care outside the network or when you receive treatment that is not arranged by your **Primary_care_physician_name**.<br>**ELSEIF Type_of_medical_plan CONTAINS PPO THEN**<br>This is a PPO, or preferred provider organization plan, which has two levels of coverage:<br><br>This plan pays higher benefits when you receive care from a doctor or hospital in the network. You do not need a referral to see a **JUMP** specialist **>> MED11A05 ENDJUMP** to get the higher level of benefits as long as the specialist is in the network.<br><br>This plan pays a lower benefit level when you receive care outside the network of providers.<br>**ELSEIF Type_of_medical_plan CONTAINS Indemnity THEN**<br>This is an indemnity plan. Under this plan, most expenses are paid at **Coinsurance_amount_for_medical MED01B03C Indemnity deductible MED01B03B Indemnity copays**<br>**ELSEIF Type_of_medical_plan CONTAINS HMO THEN**<br>This is an HMO. Under this plan you choose a **Primary_care_physician_name** who will manage your care and refer you to specialists in the network. Most covered expenses are paid at **Coinsurance_amount_for_medical**. Except in an emergency, you do not receive benefits if you received care outside of the network.<br>**ENDIF** |
| Claims | **IF Type_of_medical_plan CONTAINS Indemnity THEN**<br>You can obtain a claim form from **Claim_form_provider_for_medical**. Read and follow the instructions. Be sure to file a separate claim form for each member of your family and indicate if you want the payment to go to the provider or you. Make copies of all itemized bills, and attach copies to the claim form. Mail the completed claim form to the address on the form.<br>**ELSEIF Type_of_medical_plan CONTAINS POS OR CONTAINS PPO THEN**<br>You do not need to submit a claim form for service provided in-network. Payment will be sent directly to your provider.<br>**ENDIF**<br>**IF Type_of_medical_plan CONTAINS POS OR CONTAINS PPO AND**<br>**Claims_out_of_network_expense_for_medical DOES NOT CONTAIN not covered THEN**<br>If you go to an out-of-network provider you need to **Claims_filing_out_of_network_expense_for_medical to JUMP Claims_administrator_medical_plan. >> MED_contact ENDJUMP**<br>Be sure to file a separate claim for each member of your family. Make copies of all itemized bills. You will also need to indicate whether you want the payment to go to the provider or to you.<br>**ENDIF**<br>**IF Type_of_medical_plan CONTAINS HMO THEN**<br>This is a Health Maintenance Organization (HMO) so payments are made to your provider directly.<br>**ENDIF** |

Figure 4

| Variable | Plan/Policy | Employee Group | Effective Date | Value |
|---|---|---|---|---|
| Type_of_medical_plan | HMO Blue | ALL | 1/1/99 | HMO |
| Type_of_medical_plan | Scrimshaw Catastrophic | ALL | 1/1/99 | Indemnity |
| Primary_care_physician_name | HMO Blue | ALL | 1/1/99 | Primary care physician |
| Coinsurance_amount_for_medical | HMO Blue | ALL | 1/1/99 | $15 |
| | | | 1/1/2000 | $20 |
| Coinsurance_amount_for_medical | Scrimshaw Catastrophic | ALL | 1/1/99 | 80% |
| Claim_form_provider_for_medical | Scrimshaw Catastrophic | ALL | 1/1/99 | HR deparment |
| Claims_administrator_medical_plan | Scrimshaw Catastrophic | ALL | 1/1/99 | Indemnity Underwriters, Inc. |

# Figure 5

## Knowledge Model Repository

**Knowledge Models**

| NID |
| --- |
| VCNAME |
| VCDESCRIPTION |
| NTYPE |

**Knowledge Blocks**

| NID |
| --- |
| NKNOWLEDGEMODELID (FK) |
| VCNAME |
| VCDESCRIPTION |
| VCCONTENTS |
| USEDVARIABLESLIST |

**Variables**

| NID |
| --- |
| NKNOWLEDGEMODELID (FK) |
| DATATYPE |
| VCNAME |
| VCDESCRIPTION |
| VCPROMPT |
| BGETFROMHRIS |

## Instance Repository

**Instances**

| NID |
| --- |
| NKNOWLEDGEMODELID (FK) (IE) |
| NPARENTID (FK) |
| VCNAME |
| VCDESCRIPTION |
| DTSTART |
| DTEND |

**Variable Assignments**

| NID |
| --- |
| DTENTERED |
| DTSTART |
| DTEND |
| VCVALUE |
| NOBJECTINSTANCEID (FK) (IE) |
| NVARIABLEID (FK) (IE) |

## Runtime Environment

**Contexts**

| EMPLOYEEID |
| --- |
| DTEFFECTIVE |
| NEMPLOYERINSTANCE |
| NGROUPINSTANCE |
| NPLANINSTANCELIST |
| OTHEREMPLOYEEDATA |

---

## Knowledge Model Repository

**Knowledge Models**

Medical Plans

**Knowledge Blocks**

Overview:
IF Type_of_medical_plan
CONTAINS POS THEN
This is a POS, or point of service
plan, which has two levels of ...

**Variables**

Type_of_medical_plan

## Instance Repository

**Instances**

HMO Blue plan

**Variable Assignments**

Instance: HMO Blue
Variable: Type_of_medical_plan
Effective: 1/1/1999
Value: HMO

## Runtime Environment

**Contexts**

EmployeeID: 781-53-0201
EffectiveDate: 2/13/2000
Plans: HMO Blue, ...